ARIZONA DEPARTMENT OF HEALTH SERVICES

STATE OF ARIZONA

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CERTIFICATE NO.

County Of Maricopa

DOCKET NO. EMS 2986

THE ARIZONA DEPARTMENT OF HEALTH SERVICES has found, under the authority of A.R.S. §36-2232 et seq. and pursuant to Department of Health Services rules, that public necessity requires the operation of

SEDONA FIRE DISTRICT

- ground ALS and BLS ambulance service in the State of Arizona for the transportation of individuals who are sick, injured, wounded or otherwise incapacitated or helpless within the following service area, with the following central operations station and response times:
- 1. Service Area: The eastern boundary will begin at Mexican Pocket (US 89A, MP 391.5), extending south, following the rim of Oak Creek Canyon to Schnebly Hill, continuing south through the Village of Oak Creek to Woods Canyon, following the rim to SR 179. The southern boundary will continue from SR 179, MP 301.4 to Beaverhead Flat. The western Boundary and Fortinue from Beaverhead Flat north to Turkey Creek, following the rim of Mouse Mountain, then west to Deer Pass Road, then north to SR 89A, MP 366.6 (Dry Creek Bridge), then south a ong SR 89A to MP 3646 morth side of SR 89A), then north to the Coconino/Yavapai County line The more thern boundary will continue from the Coconino/Yavapai County line, following the line eastward to the East Pocket Forest Service Lookout Tower, then north to the rim of Oak Creek at Mexican Pocket (SR 89 A MP 391.6)
- 2. Central Operations Station; West Sedona, Arizona (2860 Southwest Drive
- 3. Response Times:
 - a. Ten (10) minutes on ninets (90) percent of all ampulance calls.
 - b. Twenty (20) minutes on musty-five (23) percent of all ambulance cans.
 - c. Thirty (30) minutes on the trandred (100) percent of all ambulance calls.

Now, therefore, by virtue of the authority vested in the Arizona Department of Health Services, under the constitution and laws of the State of Arizona, does hereby grantithis

CERTIFICATE OF NECESSITY

authorizing the operation of the aforesaid ambulance service for a period ending August 31, 2009 unless for cause sooner amended, suspended, revoked or terminated subject to the decisions and orders, and rules of the Department.

PROVIDED, that this certificate shall not be assigned nor transferred unless authorized by the Arizona Department of Health Services.



BY THE ORDER OF THE ARIZONA DEPARTMENT OF HEALTH SERVICES, IN

WITNESS WHEREOF, I SUSAN GERARD the Director of the Arizona Department of Health Services, have hereunto set my hand and caused the official seal of the Arizona Department of Health Services to be affixed at Phoenix, Arizona on